



Business Registration X-Ray Equipment Services

*****DEPARTMENT USE ONLY*****

Registration Number: _____

Date of Approval: _____

Section I:

ADMINISTRATIVE INFORMATION

Company Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ FAX: (____) _____

Owner(s) of Company: _____

Contact Person: _____

Contact Person if different from above:

Name: _____

Address: _____

Telephone: _____

Section II:

DESCRIPTION OF SERVICES TO BE PROVIDED

Your Vendor Class (Please mark all that apply)

___ Class I - Direct sale and transfer of radiation machines and machine components to end user.
Specify equipment type(s): _____

___ Class II - Installation of radiation machines and associated machine components.
Specify equipment type(s): _____

___ Class II - Servicing of radiation machines and associated machine components.
Specify equipment type(s): _____

___ Class III - Diagnostic radiographic facility and shielding design.

___ Class IV - Diagnostic fluoroscopic facility and shielding design.

___ Class V - Diagnostic area radiation survey, e.g., shielding evaluation.

___ Class VI - Radiation instrument calibration.

___ Class VII - Therapeutic facility and shielding design, area radiation surveys, or calibration.

___ Class VIII - Personnel dosimetry services.

Section II continued...

...Section II continued

___ **Class IX** – General health physics consulting, e.g., independent diagnostic radiation output measurement, dose analysis, design of safety programs and radiation safety training programs, non-healing arts facility and shielding design, and area radiation surveys.

___ **Mammography Facilities** - Facility surveys, shielding design, area radiation surveys, or calibration.

___ **Miscellaneous Services** – Sales of x-ray chemicals, or routine processor maintenance.

Please attach the following:

- 1. A sample of a shielding plan if registering as Class III, Class IV, or Class VII vendor.**
- 2. A sample of survey procedures and survey forms if registering as a Class V, Class VII, Class IX or Mammography vendor.**

Section IV:

EMPLOYEE QUALIFICATIONS

Each employee must read Regulation 61-64, X-Rays, Rules and Regulation for Radiation Control, and state that they will comply with the regulation. If a copy of “Title B” is not available, please contact the Department to receive a copy.

A separate employee registration form must be filled out for each employee. Each employee must meet the training and educational requirements to provide the services for which registration is required.

Section V:

Any changes to this application or employee information must be reported to the Department in writing within thirty (30) days.

Name (print or type): _____ Title: _____

Signature: _____ Date: _____

For additional information :

Telephone (803) 545-4400 or Fax (803) 545-4412

Please return completed forms to:

**S.C. DHEC
Bureau of Radiological Health
2600 Bull Street
Columbia, SC 29201**

BUSINESS REGISTRATION X-RAY EQUIPMENT SERVICES

PURPOSE

This form is for registering businesses that provides services for and to x-ray producing machines. Every business that provides services for and to x-ray producing machines shall register with the Department.

OFFICE MECHANICS AND FILING

When registration forms are received, stamp each copy with date received, Each business is entered in the computer system. One copy of the registration form is placed into the registrant's file, and a copy is returned to the registrant for their records.